


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

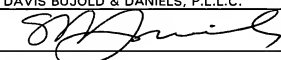
<b>TRANSMITTAL</b> <b>FORM</b> <small>(to be used for all correspondence after initial filing)</small> 	Application Number	10/523,454
	Filing Date	with an effective filing date of July 28, 2003
	First Named Inventor	Augustinus BADER
	Group Art Unit	1651
	Examiner Name	Allison M. FORD Fax: (571) 273-8300
Total No. of Pages in this Submission: 17	Attorney Docket Number	HEUBEN P03AUS (Formerly LORWER P33AUS)

**ENCLOSURES (check all that apply)**


<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):  Postcard
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REMARKS

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Scott A. Daniels DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	June 21, 2007	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 21, 2007.		
Type or printed name	Scott A. Daniels	
Signature		
		Date: June 21, 2007 (tac)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><b>Effective on 12/08/2004.</b>  <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b></p> <p style="font-size: 1.2em; font-weight: bold;">FREE TRANSMITTAL For FY 2006</p> <p>■ Applicant claims small entity status: See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT: \$210.00</b></p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">                 Application No.                  Filing Date                  First Named Inventor                  Examiner Name                  Art Unit             </td> <td style="width: 50%; vertical-align: top;">                 10/523,454                  with an effective filing date of                  July 28, 2003                  Augustinus BADER                  Allison M. FORD                  1651             </td> </tr> <tr> <td style="vertical-align: top;">                 Attorney Docket No.             </td> <td style="vertical-align: top;">                 HEUBEN P03AUS (Formerly                  LORWER P33AUS)             </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/523,454 with an effective filing date of July 28, 2003 Augustinus BADER Allison M. FORD 1651	Attorney Docket No.	HEUBEN P03AUS (Formerly LORWER P33AUS)																																																			
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                   <input type="checkbox"/> Credit Card                   <input type="checkbox"/> Money Order                   <input type="checkbox"/> None                   <input type="checkbox"/> Other (please identify): _____             </p> <p> <input checked="" type="checkbox"/> Deposit Account                      Deposit Account Number <u>04-0213</u>                      Deposit Account Name: <u>DAVIS BUJOLD &amp; DANIELS, P.L.L.C</u>                  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)             </p> <p> <input type="checkbox"/> Charge fee(s) indicated below                      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee             </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)      <input checked="" type="checkbox"/> Credit any overpayments                  under 37 CFR 1.16 and 1.17             </p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																										
<p><b>FEE CALCULATION</b></p>																																																										
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
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<p><b>2. EXCESS CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 10%;">-20 or HP =</td> <td style="width: 10%;">Extra Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">=</td> <td style="width: 10%;">Fee Paid (\$)</td> <td style="width: 10%;">Multiple Dependent Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> </tr> <tr> <td>37</td> <td></td> <td>7</td> <td>\$25</td> <td>=</td> <td>\$175.00</td> <td></td> <td></td> <td></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Indep. Claims</td> <td style="width: 10%;">-3 or HP +</td> <td style="width: 10%;">Extra Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">=</td> <td style="width: 10%;">Fee Paid (\$)</td> </tr> <tr> <td>HP = highest number of independent claims paid for, if greater than 3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	Total Claims	-20 or HP =	Extra Claims	Fee (\$)	=	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	37		7	\$25	=	\$175.00				Indep. Claims	-3 or HP +	Extra Claims	Fee (\$)	=	Fee Paid (\$)	HP = highest number of independent claims paid for, if greater than 3.																		
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<p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total Sheets</td> <td style="width: 10%;">-100 =</td> <td style="width: 10%;">Extra Sheets</td> <td style="width: 10%;">No. of each additional 50 or fraction thereof</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>/ 50 = (round up to a whole number) x</td> <td></td> <td></td> </tr> </table>				Total Sheets	-100 =	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				/ 50 = (round up to a whole number) x																																													
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<p><b>4. OTHER FEE(S)</b></p> <p>Non-English Specification, \$130 fee (no small entity discount)      06/27/2007 GFREY1      00000159 10523454</p> <p>Other (e.g., late filing surcharge): _____      01 FG:2615</p>																																																										
<p><b>SUBMITTED BY</b> <span style="float: right;">175.00 op</span></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">                 Signature  </td> <td style="width: 50%; vertical-align: top;">                 Telephone (603) 226-7490             </td> </tr> <tr> <td style="vertical-align: top;">                 Name (Print/Type)                  Scott A. Daniels             </td> <td style="vertical-align: top;">                 Registration No.                  (Atty/Agent) 42,462             </td> </tr> <tr> <td colspan="2" style="vertical-align: top;">                 Date: June 21, 2007             </td> </tr> </table>				Signature	Telephone (603) 226-7490	Name (Print/Type) Scott A. Daniels	Registration No. (Atty/Agent) 42,462	Date: June 21, 2007																																																		
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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Augustinus BADER  
Serial no. : 10/523,454  
Filed : with an effective filing date of July 28, 2003  
For : METHOD AND DEVICE FOR CULTURING  
CELLS  
Group Art Unit : 1651  
Examiner : Allison M. FORD  
Docket : HEUBEN P03AUS (Formerly LORWER P33AUS)

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] A CHECK FOR THE FEES INDICATED BELOW, BASED UPON THE APPLICANT'S small ENTITY STATUS, ACCOMPANIES THIS RESPONSE.	
TOTAL CLAIMS ALREADY PAID FOR 30 ADDITIONAL CLAIMS ADDED HEREBY 7 X \$25 =	\$175.00
TOTAL	\$175.00

In response to the official action mailed March 21, 2007, please enter the following before reconsideration of this application.

**In the Claims:**

Please amend claims 87, 94, 96, 98 and 99 and add new claims 113-123 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.